



Acid Rain Program
Instructions for Allowance Account
Information Form (40 CFR 73.30 - 73.38)

The Acid Rain Program regulations require any person, company, or organization wishing to open a general Allowance Tracking System (ATS) account for the purpose of holding and transferring allowances to submit a completed Allowance Account Information form or provide the requested information in a similar format. You also may use this form to change the information previously submitted for a general account, such as the identity of the authorized account representative. In such cases, enter your allowance account identification number in the space provided at the top of the form. Affected units will automatically receive a unit account in the ATS, and should use the Certificate of Representation form to make any changes to unit account information.

Type or complete the form in black ink. If you need more space, photocopy the pertinent page. When you have completed the form, indicate the page order and total number of pages (*e.g., 1 of 4, 2 of 4, etc.*) in the spaces provided in the upper right hand corner of each page.

alternate authorized account representative, identified in Steps 1 and 2. If you (the authorized account representative) are the only person with an ownership interest in the allowances held in the account, list your name here.

Remember, under 40 CFR 73.33 you must notify all persons who have an ownership interest with respect to the allowances held in an account of all Acid Rain Program submissions. EPA will accept subsequent submissions from the Authorized Account Representative (AAR) or, if one is designated, from the Alternate AAR.

If you need assistance, call the Acid Rain Hotline at 202-564-9620.

STEP 2 The owners may choose an alternate to act in lieu of the Authorized Account Representative.

STEP 3 EPA will use the address you enter here for all official correspondence concerning this account.

STEP 4 Identify all parties with an ownership interest in the allowances held in this account. All of these parties must be subject to a binding agreement authorizing the representation of the account by the authorized account representative, and, if applicable, the

STEP 6 Both the authorized account representative and the alternate (if any) must sign and date the certifications. If you are revising account information, only one signature is needed.

Submission Instructions

Submit this form to the following address:

U.S. ENVIRONMENTAL PROTECTION AGENCY
ACID RAIN PROGRAM (6204N)
ATTN: ALLOWANCE TRACKING SYSTEM

by regular/certified mail:	or overnight mail:
1200 Pennsylvania Ave., NW	633 Third Street, NW
Washington, DC 20460	Washington, DC 20001
	(202) 564-9150

Paperwork Burden Estimate

The burden on the public for collecting and reporting of information under this request is estimated at 30 hours per response. Send comments regarding this collection of information, including suggestions for reducing the burden, to: Chief, Information Policy Branch (PM-223), U.S. Environmental Protection Agency, 401 M Street, SW, Washington, D.C. 20460; and to: Paperwork Reduction Project (OMB#2060-0258), Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503. ***Do not send this form to these addresses; see the submission instructions above.***



United States
Environmental Protection Agency
Acid Rain Program

OMB No. 2060-0258

Allowance Account Information
General Accounts Only

Page 1

For more information, see instructions and refer to 40 CFR 73.31.

This submission is: ~ New (to open a new general account)

Page ~ of ~

~ Revised (to revise information on an existing general account)

If you are opening a new allowance account, complete all steps in this form. If you are an authorized account representative (AAR) for another account in the allowance tracking system (ATS), please write in your AAR ID#. If this is a revised submission, enter your ATS account # and AAR ID# and complete only those steps covering the information you wish to change. You must complete Step 6 to authorize the change of information. Only the authorized account representative or alternate authorized account representative can authorize the change.

Allowance Tracking System Account #	Authorized Account Representative ID#
-------------------------------------	---------------------------------------

STEP 1
Enter requested
information for the
authorized account
representative

Name	
Firm (Optional)	
Phone Number	Fax Number

STEP 2 (Optional)
Enter requested
information for the
alternate authorized
account representative

Name	
Firm (Optional)	
Phone Number	Fax Number

STEP 3
Enter the mailing
address
for the account

Address

Enter the names of all parties (persons or companies) subject to the binding agreement authorizing your representation of the account

Name
Name
Name
Name

ATS Account # (from page 1)

Page ~ of ~

Is the authorized account representative employed by an allowance brokerage firm?

- ~ No
- ~ Yes (if yes, please mark all boxes that apply)
 - ~ This account will be used to transfer allowances between clients
 - ~ This account will be used to hold allowances for investment purposes
 - ~ This account will be used for other purposes (*please specify*)

(Mark all boxes that apply)

- ~ Utility
- ~ Non-Utility Generators of Electricity
- ~ Fuel Supplier

_____ Coal _____ Oil

_____ Gas _____

- ~ Pollution Control Equipment
- ~ Public Interest Group

Consumer

Environmental

↳ Other))))))))))))))))))))))))))))))))))<

STEP 6
Read the certifications
and sign and date.
(Only one signature is
needed if the form is
being used to revise
account information)

I certify that I was selected under the terms of an agreement that is binding on all persons who have an ownership interest with respect to allowances held in the Allowance Tracking System account. I certify that I have all necessary authority to carry out my duties and responsibilities on behalf of the persons with an ownership interest and that they shall be fully bound by my actions, inactions, or submissions under 40 CFR Part 73. I am authorized to make this submission on behalf of the persons with an ownership interest for whom this submission is made.

I certify under penalty of law that I have personally examined, and am familiar with, the statements and information submitted in this document and all its attachments. Based on my inquiry of those individuals with primary responsibility for obtaining the information, I certify that the statements and information are to the best of my knowledge and belief true, accurate, and complete. I am aware that there are significant penalties for submitting false statements and information or omitting material information, including the possibility of fine or imprisonment for violations.

Signature (Authorized Account Representative)	Date
Signature (Alternate Authorized Account Representative, if any)	Date

Submission
Information

Mail to the following address:

U.S. Environmental Protection Agency
Acid Rain Program (6204J)
Attention: Allowance Tracking System

by regular/certified mail:
1200 Pennsylvania Avenue, NW
Washington, D.C. 20460

or overnight mail:
501 Third Street, NW
Washington, DC 20001
(202)564-9115